

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FIL'D/D DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	CID	DEP	CID	DEP	CID	DEP
1						
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3						
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46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	3					
TOTAL CLADS	9					

	CID	DEP	CID	DEP	CID	DEP
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLADS						